phinews
PUBLIC HEALTH INFORMATION NETWORK
CONNECTING PUBLIC HEALTH

Fall 2008 Volume 2 Issue 5

In this issue

From the Director's desk


Terry Boyd

I am pleased to introduce the latest version of *PHINews*. As the Acting Director of one of the proposed new divisions within the National Center for Public Health Informatics (NCPHI), I understand the need for and the challenge of providing timely information about the PHIN community and of delivering that information using communication vehicles that are efficient and effective.

I feel we very much represent and help create PHIN's future, as well as support and build upon its multi-layered past. Some of our functions will include managing integrated informatics architecture; leading NCPHI's national public health informatics science programs; and conducting research that helps develop new scientific knowledge.

We have many initiatives under way that have been written about often in this publication. Our division supports NCPHI by

- Creating and maintaining all IT development work;
- Providing innovative solutions to informatics problems;
- Promoting key research and evaluation activities, such as coordinating public health informatics standards and enterprise-wide health architectures and platforms, and
- Managing the programmatic aspects of open source efforts.

I share Dr. Leslie Lenert's vision that NCPHI must become a leader in informatics research. One of our projects I am particularly excited about is the grid research that is taking place in the NCPHI lab. With the grid initiative and many of the other PHIN projects occurring now, policies around patient privacy and jurisdictional boundaries will have to be addressed, so I hope you'll find the grid and policy articles in this issue of *PHINews* informative.

I think it is essential that we work in a collaborative, matrix structure to meet the goals of the PHIN and informatics communities, and my goal is for us to be at the forefront of the effort.

Terry Boyd
Acting Director
CDC/NCPHI/Division of Applied Informatics Services (DAIS, proposed)

In and around PHIN

On the PHIN site
PHIN website

PHIN communities

PHIN Headquarters, Atlanta, GA

- NCPHI Geographic Information Systems (GIS) staff provided support to China CDC in response to the earthquake in the Sichuan Province. The GIS staff developed a mobile solution for field assessment. For more information, contact Carl Kinkade.

- In preparation for the Democratic and Republican National Conventions, the BioIntelligence Center (BIC) initiated enhanced surveillance of healthcare activity among four BioSense facilities in the Denver and Minneapolis-St. Paul metropolitan areas. Reports summarizing trends or anomalies among bioterrorism-related indicators were provided to the CDC during the conventions. For more information, contact Steve Benoit or Michelle Podgornik.
- The BIC also provided support to the Director's Emergency Operations Center (DEOC) in a CDC-wide anthrax exercise. BIC provided reports describing potential anthrax-related healthcare activity identified by the BioSense system. For more information, contact Steve Benoit.
- The NCPHI Office of Informatics Science (ADS) convened the second meeting of the newly formed NCPHI Board of Scientific Counselors (BSC) on August 27. The NCPHI BSC is charged to address three important priorities: organizational change; open source; and BioSense. The BSC will issue recommendations around these topics at the next NCPHI BSC meeting (and the first of three in FY09) on November 20, 2008 in Atlanta, GA. For more information, contact Scott McNabb.
- The NCPHI Global Public Health Informatics Program (GPHIP) hosted its first PHIN working group on August 28 with over 60 attendees. The GPHIP includes a new World Health Organization (WHO) Collaborating Centre for Public Health Informatics. The groups will co-sponsor (with the Coordinating Office for Global Health) the Mobile Computing Conference in Atlanta, Georgia on November 24 and 25, 2008. For more information, contact Tadesse Wuhib.

On the PHIN Collaborative Forum

Main Page
The main page of the forum. If you're not a member, e-mail a request to phin@cdc.gov.

Requirements
Ongoing discussion of the PHIN Requirements V. 2.0

Messaging
Forum devoted exclusively to PHIN messaging and the messaging implementation guides.

Communities of Practice
Website community for new and existing PHIN CoPs.

In and around *(continued)*

- Dr. Anna Grigoryan has been invited to participate in a Defense Threat Reduction Act (DTRA) assessment of the Republic of Armenia in November 2008. For more information, contact Anna Grigoryan.
- The American Medical Informatics Association (AMIA) graduated its first class of students from the CDC-sponsored version of the AMIA 10x10 course at its annual symposium in Washington, DC. To learn more about the AMIA 10x10 course, please contact Laura Franzke.
- Dr. Steven Steindel retired from the CDC after 16 years of federal service. Steindel, a Ph.D. in synthetic organic chemistry with a minor in quantum mechanics, pursued a career combining his expertise in both laboratory medicine and medical informatics. He was a clinical chemist both at the 3rd Army Medical Laboratory, a military reference laboratory, and Piedmont Hospital, a 500-plus-bed tertiary-care center. He has written over 100 articles focusing on laboratory medicine quality control and assurance issues. He has also served as a computer consultant to the medical care industry, leading development of commercial custom software for electronic data exchange. Over the course of his career, he published over 90 peer-reviewed articles and books, and served on numerous internal and external standards groups including X12, HL7, SNOMED, LOINC, CCHIT, HITSP and various NCVHS subcommittees and workgroups. In 2007 he was elected a Fellow of the American College of Medical Informatics (AMIA).


Steven Steindel

- **PHIN Certification Update:** PHIN Certification evaluates the compliance of public health information systems with PHIN Requirements Version 2.0 and is currently only available to CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement Grantees. For additional details including a list of available certifications, target dates, supporting documentation, tool sets, and how to apply for Certification, please see the Certification page of the PHIN Website or contact your PHIN Subject Matter Expert.

Remember these dates

- Case Report Standardization Workgroup meets second Thursday of each month, 3-4 PM (EST); contact John Abellera
- NEDSS User Group meets every 2 weeks on Thursdays, 2-3 PM (EST); contact Jennifer Ward
- Partner calls are on the first Wednesday of each month, 3-4 PM (EST).

Public Health Grid: Where are we now?

by Jay Jones

In the Spring 2008 issue, *PHINews* introduced the grid concept and presented the exciting research that has been going on in the NCPHI lab over the previous year (*Grid technology: A search for the future of PHIN*). For this issue, we spoke with Dr. Tom Savel, NCPHI Medical Officer and Program Lead for the Grid Initiative at CDC. Dr. Savel shared the innovative, groundbreaking grid research NCPHI continues to advance.

When we last spoke, you were performing grid testing in the NCPHI lab: You'd set up a public health grid (phGrid) environment, set up nodes, and you were getting ready for testing some of the technology built from National Institute of Health's (NIH) Cancer Bioinformatics Grid (caBIG™) initiative. How did it go?

Tom Savel

At that time, we were doing the initial research, which consisted of learning about the different aspects of caBIG™. We learned much from that initial work and found that given our unique public health requirements, it was best to focus on one of their sub-initiatives, caGrid. We've been leveraging open-source tools created by caGRID, and have been focusing on the development of robust public health services, as well as examining security, analysis, and visualization issues.

What's the difference between CaGrid and caBIG™?

caBIG™ is an information network enabling all constituencies in the cancer community–researchers, physicians, and patients–to share data and knowledge. The components of caBIG™ are widely applicable beyond cancer as well. The underlying service oriented infrastructure that supports caBIG™ is referred to as caGrid. Driven primarily by scientific use cases from the cancer research community, caGrid provides the infrastructure necessary for caBIG™. caGrid provides the technology that enables collaborating institutions to share information and analytical resources efficiently and securely, and it allows investigators to easily contribute to and leverage the resources of a national multi-institutional environment.

Grid *(continued)*

What is the status of CDC's efforts?

We now know how to implement and turn on grid nodes. In the beginning, we just wanted our nodes to be seen on the grid. Next, we wanted to exchange files with other nodes. Now that we can exchange files, we need to do it securely. Once we can exchange files securely, we hope to leverage services on the grid so that we can perform analytics and visualization, for example. We're also trying to build fast, easy installs. We want phGrid to be fast, powerful, and easy for the public health professional around the world who will one day use the myriad of applications and services available on the grid to support their daily activities.

In the not too distant future, PHGrid users will be able to access data stored all across the county—and eventually the world. And we hope they can do this as quickly and securely as they now do when they query a database located on their desktops.

> ***"Supporting BioSense is one of our goals, because it looks like the future of BioSense will include distributed computing."***
>
> ***Tom Savel***
> NCPHI Medical Officer and Program Lead for the Grid Initiative

Are you working in a virtual community in the lab?

We're still working with the University of Pittsburg, Johns Hopkins, Harvard, Columbia, the Universities of Utah, Washington, as well as many others. In a sense, we now have an informal grid Community of Practice (CoP). We use the phGrid website/blog to share information, and we interact on conference calls, and through emails, all pushing toward trying to create an environment where we focus on grid research and then roll it into public health practice across the country.

On the site, you can see that there are already 17 services that are at some stage of development on the phGrid, some of which are in production. Now we're working on a way to make the services visible to everyone on the grid. It's a gradual maturation phase, and it's a beautiful thing to watch evolve.

When we last spoke, the Centers of Excellence (COE) were on their way to the NCPHI lab to meet with you and the PHGrid research team. How did that go?

They've performed wonderful work and have made tremendous progress in terms of examining their existing services and learning how to share them on a grid. We now have a lot of grid services that are available, but our challenge and goal is to prevent redundant services.

Grid *(continued)*

What do you think are some of the outcomes from the PHIN Conference concerning grid?

A major outcome was that we were all able to see the incredible work the CoEs have done. They've blown past us in many ways. It was a great chance to share what the next steps toward phGrid implementation will be. It looks like a lot of the grid community's work will be leveraged for production very shortly. We've learned a lot; we need to publish what we've learned and slowly get these components ready for real-time production, which means making sure they adhere to CDC security measures.

What are the plans going forward?

We are currently working with CDC Governance about projected next steps, and supporting BioSense is one of our goals. The future of BioSense will include distributed computing.

We're also excited about deploying and configuring a National Health Information Network (NHIN) node [called an "NHIN Gateway" by the NHIN folks] within the NCPHI Lab and testing connectivity between the NHIN Gateway and BioSense.

In addition to the required security measures, we also want to move from simple services, like a visualization service, to a very complicated computational grid where we will use hundreds of PCs to perform rapid analytics. We want to leverage the computational component of grid and not just the data sharing component. We'll then reap the benefits of the true power of grid. We have only just begun to tap into the incredible power of grid technology.

For more information

- PHGrid website
- National Health Information Network

PHIN Launches Communities of Practice

by Mamie Jennings Mabery and Kim Wilson

Communities of Practice promote collaboration and communication

At the 2008 PHIN Conference, NCPHI launched its Communities of Practice (CoPs) approach for PHIN. This approach focuses on enabling PHIN to become more collaborative and democratic, with CDC and other partners sharing equally in leadership and responsibilities. The Community meetings held at the Conference included the PHIN Community and five CoPs forming around a functional or technical area of PHIN.

Making PHIN more open and collaborative

The PHIN Communities of Practice address partner feedback. Many PHIN partners have felt that PHIN needs to be more open and collaborative, with greater transparency and bidirectional communication. These concerns are being addressed through the collaborative structure of the PHIN Communities of Practice.

Communities of Practice are groups of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. CoPs have three crucial characteristics: a shared domain of interest, a community of members who learn from each other, and a shared practice that the members develop through sustained interaction over a period of time. It is by developing these three elements in parallel that one cultivates such a community.

CoP activities at the 2008 PHIN Conference

Communities of Practice met at the Conference to begin or continue their work, and members from the PHIN Community gathered to begin talking about governance for the CoPs within PHIN. A variety of CoP-related activities also took place, including an interactive CoP Workshop, a CoP Session, and a keynote address about CoPs. Abstracts and other information about the CoP activities are available at the PHIN Conference website, http://www.cdc.gov/phinconference/.

CoP launch *(continued)*

PHIN Community updates

Below are descriptions of each of the 5 PHIN Communities and the conversations in their meetings at the Conference.

- **Laboratory Messaging Community of Practice (LM CoP)** included participants in the area of ELR as well as those working in other lab areas such as Laboratory Response (LRN) and the Public Health Laboratory Interoperability Project (PHLIP). Providing linkages and facilitating communication among these and other lab messaging groups was suggested by the Community Meeting attendees. Attendees stated that improved communication will not solve all problems associated with lab data exchange, but it may be the first step and an immediate need. Interested participants from these areas will continue the conversation around this communication focus and have renamed the CoP from ELR to Laboratory Messaging.

> ***"CDC is committed to being an equal partner alongside State, Local, and other organizational PHIN Partners in the development and support of these Communities."***

- **Enterprise Architecture Community of Practice (EA CoP)** brought together those working in or with an interest in this new field. Discussion focused on defining EA and why it's important. Some likened it to a "city map for PHIN." Attendees voiced the need for a clearer definition of PHIN in order to determine how to plan EA work for the Network and agreed that a baseline understanding of EA should be one of the first goals of the CoP. The Community will continue its exploration of EA for PHIN in virtual meetings this fall.

- **Information Links Community of Practice (InfoLinks CoP)** seeks to build, improve, and promote Health Information Exchanges (HIEs) within public health systems. At the Conference, current and new CoP members participated in "The Road to HIE" exercise by identifying important HIE milestones and challenges along the Roadmap. In the following conversation, attendees discussed issues such as technology, funding, policy, and privacy and shared from their states examples of challenges and successful steps forward in moving the focus of HIES beyond clinical care into public health. Community members identified awareness of and responses to HIE activities within the eHealth initiative, the Certification Committee for Health IT (CCHIT) and the American Health informatics Community (AHIC) as valuable contributions of their CoP.

CoP launch *(continued)*

- **Outbreak Management Community of Practice (OM CoP)** attendees discussed issues at the heart of managing the informatics aspects of cross-jurisdictional public health outbreaks. In small groups that re-convened to share with the entire group, participants grappled with the definition of OM, agreed that their scope must be beyond focus around any one tool, stressed the need for engaging with other groups such as Epi-X to reduce silos, and emphasized the need for all PHIN partners to participate equally in setting the direction of the CoP. Suggested future activities of the Community included creating a space to share event "Lessons Learned" and gathering to discuss topics such as the difference between Incidence Management and Outbreak Management, data ownership issues, and representing the OM community to public health leaders.

- **Vocabulary and Messaging Community of Practice (VM CoP)** expanded the scope and membership of the Public Health Vocabulary Community of Practice (PHVCoP) to include messaging and PHIN members working in this area. The attendees agreed that the ultimate objective of the expanded CoP is to correctly exchange meaningful data where "what I send to you means the same to you as to me." The group will focus on "whatever will allow us to interoperate and share data in a common format and evaluate the efficacy of the exchange." The Community sees their purpose as an educator and promoter of standards rather than a creator of them, though evaluating and gaining approval for candidate terms needed for public health data exchange could be a valuable function of this CoP. Another key issue identified is the ability to collaborate around data mapping/translation of vocabulary in legacy systems to current standards. The Community will seek to stay current with other vocabulary and messaging organizations/SDOs such as LOINC and HL7. This fall the Community is working on its scope, revising its Charter, and hosting presentations and conversations with vocabularists and messaging developers from the National Healthcare Safety Network (NHSN) and the PHIN Vocabulary Access and Distribution System (VADS).

- **PHIN Communities of Practice Council (CoPC)**, composed of PHIN CoP representatives, will kickoff in early 2009. A Working Group of PHIN Community volunteers is presently developing a draft plan for governance of PHIN CoPs. The proposed CoPC functions include identifying PHIN priorities and proposing work aligned with those priorities to the PHIN CoPs, identifying potential collaborations across CoPs, and reviewing requests for new CoPs.

CoP launch *(continued)*

What's ahead for PHIN CoPs

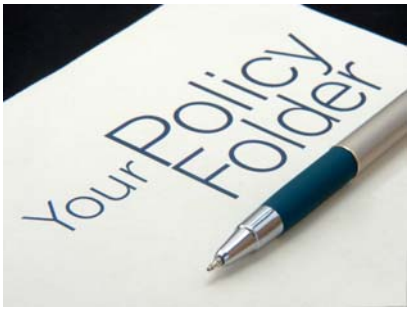
The PHIN CoP leaders took part in a series of meetings after the conference to debrief and to discuss their next steps. The PHIN Communities of Practice Program is currently supporting these communities in taking steps best suited to their particular situation. In most cases, next steps involve continuing discussions from the Conference, which includes focus and scope of each community. CDC is committed to being an equal partner alongside State, Local, and other organizational PHIN Partners in the development and support of these Communities.

Get involved

If you would like to get involved with a PHIN Community of Practice, or if you have an idea for a new CoP, please visit the PHIN Communities of Practice website at http://www.cdc.gov/phin/communities or send the CoP Program an email at phin@cdc.gov.

Information and data exchange across jurisdictions

by Claudia Vousden



The nation's continuing movement from paper-based to electronic information systems supports the efforts of state and local public health agencies to build capacity to exchange health information electronically across jurisdictions. There is general acceptance that cross-jurisdictional information exchange has many benefits for public health in routine practice as well as during public health emergencies. The benefits related to protecting and improving population health include more coordinated public health surveillance, monitoring and research, access to more timely and complete information, and more coordinated and appropriate response to routine and emergency events.

Although the scope of electronic health information and data exchange across jurisdictions slowly continues to broaden, many barriers hinder the practice from being routine, comprehensive, and streamlined among public health agencies. Funding limitations, workforce deficits, and lingering incompatibilities and constraints in software applications are among the barriers that call for the continuation of a multi-strategic approach. Education, policy, and advances in technology are all crucial to the accomplishment of electronic information and data exchange goals for public health.

The role of policy, however, is of heightened importance in the exchange of information across jurisdictions. A plethora of legal regulations, organizational policies, and informal guidelines direct and restrict information and data exchange. While these policies are designed to address real concerns including privacy protection, costs, and data misuse or misinterpretation, they often prevent or limit access to the information needed by public health practitioners and administrators to fulfill other policy-related charges and responsibilities. According to a report issued by the Association of State and Territorial Health Officials (ASTHO), variation in laws and other forms of policy, especially those addressing privacy and security, and interpretations even when policies are similar is the most prominent barrier to interstate health information exchange.[1]

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule regulates use and disclosure of certain individually identifiable health data and includes penalties for noncompliance. Public health agencies are among the covered entities that the Privacy Rule allows permissive use of identifiable health data without authorization for specified public health purposes.[2] However, misunderstandings and

Information and data exchange *(continued)*

misinterpretations of this federal regulation, combined with differences in state privacy laws regulating levels and methods of health information protection, continue to pose a formidable policy challenge to interstate information exchange.

One method often used to enable information exchange across public health jurisdictions is the establishment of a formal and legally binding agreement signed by an authorized representative from each of the participating agencies. The development of such an agreement, often referred to as a Memorandum of Understanding or Data Exchange Agreement, should employ public health legal guidance and include provisions for periodic review and renewal to address changes in user needs or the environment. This mechanism facilitates data and information exchange by specifying the

- Purpose and objectives of an agreement;
- Definitions of terms used in the agreement;
- Eligible users and their powers, rights, and responsibilities;
- Ownership rights;
- Authority for disclosures, and
- Termination processes.

Through collaborative development of an agreement, public health agencies can address privacy and security needs that enable all participants to adhere to state and federal laws and policies.

The following resources may be useful in establishing data exchange agreements:

- BioSense;
- NAPHSIS Inter-Jurisdictional Exchange Agreement;
- NAACCR interstate data exchange document;
- Every Child By Two's Model Interstate Information Sharing Statute, and
- National Birth Defects Prevention Network's interstate data exchange agreement templates.

On the federal level, the U.S. Department of Health and Human Services (DHHS) continues to include policy issues among the matters that must be addressed for achievement of the national health information technology goals. The Agency for Healthcare Quality and Research and Office of the National Coordinator for Health Information Technology jointly fund the Health Information Security and Privacy Collaboration (HISPC) project, which includes the involvement of 42 states and territories. Current HISPC projects include the development of tools to help harmonize state privacy laws and development of a basic set of standards for authentication and audit that reduce the policy differences between health information exchange models.

Information and data exchange *(continued)*

Another project involves development and pilot testing of a standardized core set of privacy and security components to include in data exchange agreements.[3] Already available is a toolkit that provides guidance for conducting organization-level of business practices, policies, and state laws that govern the privacy and security of electronic health information exchange. Click here for more information about the toolkit and to download the complete toolkit or its separate components.

Privacy protection and security are essential for successful electronic health information and data exchange. Although these matters pose significant challenges to public health information exchange across jurisdictions, state and national initiatives are identifying policy solutions that substantially contribute to successful information exchange in an effort to improve population health.

For more information

- [1] ASTHO, *Information Management for State Health Officials: Privacy Issues in Public Health Information Exchange Across State Lines*, 2007. Downloaded from the Internet at http://www.astho.org/pubs/StatetoStateIssueRpt.pdf on September 29, 2008.
- [2] 45 CFR 164.512(b)(1)(i).
- [3] *Health Information Security and Privacy Collaboration, Executive Summary*. Downloaded from the Internet at http://privacysecurity.rti.org/Portals/0/HISPC_Exec_Summary_2008.pdf on October 8, 2008.

What happened at the ELR session? Forming and storming at the 2008 PHIN Conference

by Mamie Jennings Mabery and J.A. Magnuson

Rumors were circling in the PHIN Conference halls about emotional displays and heated discussions during the Electronic Laboratory Reporting (ELR) Community kickoff sessions. If you attended them, you probably know that some of the rumors were a bit overblown and that the group did in fact begin to identify a vision for the CoP. Here's what really happened from those who were there, told with the Forming/Storming/Norming/Performing model of group development.[1]

Forming

The first of two scheduled ELR Community sessions followed Dr. Etienne Wenger's CoP Kickoff presentation on Tuesday morning. Each Community session opened with a CoP video/podcast that introduced the Communities of Practice (CoP) approach for the Public Health Information Network (PHIN). The ELR CoP session was planned to provide a chance for conference participants, many of whom belonged to existing laboratory-focused groups, to meet, discuss the issues in the laboratory messaging and reporting domain, and begin to identify the focus and scope of a possible PHIN laboratory community.

Dr. Carladenise Armbrister Edwards at the Tuesday ELR session.

The session description in the conference program guide stated: "The ELR CoP brings together PHIN stakeholders nationwide who are involved in defining, implementing, maintaining, evaluating, and evolving electronic lab reporting," and that, "Additional areas to be considered for inclusion in the scope of the CoP include messaging for lab orders and specimen tracking."

Emory Meeks, CDC, and Gary Jones, IS Manager Minnesota Public Health Laboratory, served as moderators for the first session. Gary said, "Initially I think the group was going to be defined more as an electronic messaging CoP. Some time in the early PHIN Conference planning discussions, the title was changed to ELR CoP." In fact, some members of the existing ELR national group had suggested that the ELR group gather and invite others working in related lab information exchange areas to join them. They hoped that common ground could be found among the meeting participants and all could find value in exploring the need for a PHIN lab-focused community. Apparently, that plan was not communicated well to the PHIN session attendees, so that, as Gary states, many of the current ELR national group members felt "concern that they were losing control of their group, that the CDC was trying to take charge of their meeting rather than acting as a facilitator to help get the community identified and off the ground."

ELR session *(continued)*

Storming
The original plan for the first session was to talk about goals and scoping, identify some general ideas, break out into groups of 10-15 people, and then present those ideas in the second session. According to Brian Lee, a BearingPoint contractor to CDC who supported Gary Jones and Emory Meeks (CDC) in moderating the sessions, "We had so much open mic time in the first session that we didn't break out into groups."

"There was some unfortunate misunderstanding in the approach between the existing ELR group and the perceived 'new' ELR CoP", states Dr. J.A. Magnuson, Health Informatician for the state of Oregon and one of the initial co-founders of the CSTE-supported ELR national call established seven years ago.

After discussion, debates, and information sharing during the first session, conversations spilled outside the meeting room. Dr. Magnuson says that she "spoke with a lot of people who were very helpful after that first session, including Ruth Jajosky, Arun Srinivasan, Emory Meeks, and Mamie Jennings Mabery from the CDC, Michelle Meigs from APHL, and Richard Hopkins from CSTE. We had some great hallway discussions about how the CoP should proceed and how to get on track and re-focus in a direction that would benefit everyone, and that's where we were going into the second meeting."

Norming
The PHIN group reconvened for the second scheduled session on Wednesday, with everyone now informed on the significant progress already made by the existing ELR group as well as efforts such as the Laboratory Response Network (LRN) and the Public Health Laboratory Interoperability Project (PHLIP). The group was now eager to see how all participants could benefit from increased communication and collaboration across groups and projects. The attendees discussed the benefits of a virtual meeting place to communicate, share artifacts, and introduce ideas for collaboration via web-based, threaded discussions. They also decided that, going forward, the CoP should be renamed, though the name was not yet determined at the end of the second session. The group felt it would be important to

- Ensure there is representation from all existing groups and projects at every meeting;
- Exchange meeting minutes among CoP members;
- Establish a forum/bulletin board for community members to post questions to all groups, technical or policy-based;
- Provide an informal structure: no regularly scheduled meetings.

ELR session *(continued)*

The CSTE-sponsored National ELR Group met as planned later that evening, where—among other agenda items—they discussed the PHIN CoP happenings and confirmed their need for the CoP to facilitate communication and collaboration across the current lab groups.

ELR session attendees

Performing

Since the conference, informal and formal meetings have helped further form the CoP. The ELR national group has worked with the Public Health Vocabulary CoP since May of this year and also has begun having conversations with PHLIP and the Laboratory Information Management System Integration (LIMSi) project on informatics issues common to the laboratory domain.

On the November 4 national ELR call and webinar, the group heard from these current and potential partners. Invited speakers included Riki Merrick from PHLIP, Jon Lipsky from LIMSi, and Mamie Jennings Mabery from the expanded Vocabulary and Messaging CoP. A new name that better reflects the broader scope of the community has been identified, the Laboratory Messaging CoP, and the Community is making plans to begin collaborating on a shared virtual space. The community conversation will also continue with future project overviews on currently scheduled lab group calls.

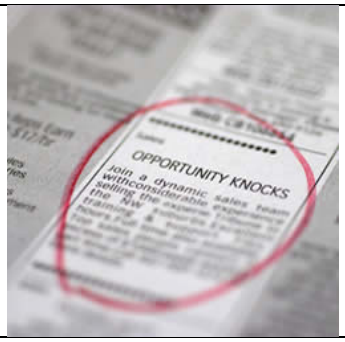
While not as exciting as the rumored images of a public health kerfuffle at the PHIN Conference, the true account of the sessions and subsequent activities is encouraging. A group of dedicated informaticians came together at the PHIN Conference and continued to push through the forming and storming to form a much needed community, one that will add value to the work of existing lab groups seeking to improve the health of the nation.

For more information:

- Bruce W. Tuckman, "Developmental Sequence in Small Groups," *Group Facilitation: A Research and Applications Journal*, Number 3, Spring 2001.
- PHIN Laboratory Messaging Community of Practice:
  - Website
  - Join
- National ELR Teleconference Group:
  - Co-chairs: Michael Davisson and JA Magnuson
  - Website

Wanted: Public health informaticians

by Laura Franzke



Seeking public health leaders working in informatics. Willing to be a pioneer in the field of Public Health Informatics. Qualified applicants are encouraged to apply to the AMIA 10x10 Program.

Details below.

I was curious about the 'classified ad' so I applied for the AMIA 10x10 Program. I am now a proud graduate from the University of Illinois at Chicago, AMIA 10x10 Program. My training prior to the AMIA 10x10 course is within the field of Public Health as a Health Scientist; I applied for this program to learn more about Informatics given I now work for CDC's National Center for Public Health Informatics (NCPHI). The benefits to me from the AMIA 10x10 course are multifold, with the obvious being that I obtained an AMIA 10x10 course certificate, gained an introductory overview of informatics, and was able to attend the AMIA fall annual meeting. The unintended benefits were priceless entering into this relatively new profession. I created new professional contacts that will allow me to brainstorm and collaborate on future projects. Additionally, the course provided me with inspiration and insight that informatics needs scientific pioneers to explore and grow the discipline.

Background: Public Health Informatics

According to the American Public Health Association (APHA) Public Health Workforce statistics, there are approximately 500,000 public health officials and 2,650,000 technology specialists within the US workforce (Dr. Friedman; PHIN Conference 2007). Public Health Informatics, stated simply, requires the 'cross-training' of these two disciplines. How many professionals are trained in Public Health Informatics? Unfortunately, there is no clear answer; however, there is a consensus from leaders across public health that there is a shortage of professionals trained in public health informatics. To assist in responding to the shortage, CDC has a cooperative agreement with the American Medical Informatics Association (AMIA) to introduce public health officials to informatics in a program entitled, the "AMIA 10x10 Program." The program represents one of the first of many strategies being explored to develop the workforce in public health informatics.

Wanted *(continued)*

What is informatics? That is a question asked by many, even those practicing in the field. Because of this, multi-disciplinary teams exist to both define and establish a curriculum for informatics programs by content domain, such as Public Health Informatics, Medical Informatics, Nursing Informatics, and Pharmacy Informatics. Dr. Mark Musen, MD, PhD, Professor of Medicine and Computer Science at Stanford University, defines informatics as "an information intensive profession that cares about the content" (AMIA 2008; Washington, DC). Regardless of your content domain, informatics requires individuals to be trained in a variety of disciplines ranging from computer science, analytics, and organizational systems to social sciences. The AMIA 10x10 Program seeks to provide an introductory overview on a variety of topics.

AMIA 10x10 Program

The goal of the AMIA 10x10 Program is to train 10,000 health professionals in informatics by the year 2010. AMIA has partnered with various academic institutions (i.e., Oregon Health and Science University; Stanford; University of Alabama at Birmingham; University of Cincinnati; University of Illinois at Chicago; University of Minnesota School of Nursing) to establish an online certificate course that lasts between 8-12 weeks (depending on university) for health professionals interested in Translational Bioinformatics, Clinical Informatics, and/or Public Health Informatics. The newest addition to the AMIA 10x10 program is the CDC-sponsored Public Health Informatics component. At the completion of the CDC-sponsored AMIA 10x10 certificate program, you will not be a Public Health Informatician, but you will have a general understanding of the challenges and unlimited growth possibilities.

"The goal of the AMIA 10x10 Program is to train 10,000 health professionals in informatics by the year 2010."

How are students taught in the AMIA 10x10 program? The AMIA 10x10 online course utilizes the Blackboard[tm] software to post articles/book chapters to read, host discussion boards for students to discuss assignments, and professors provide online lectures. The entire course is online with the exception of the final project; the final exam requires students to attend an AMIA annual meeting and participate in a group presentation. As an added benefit, students are also provided a year membership to AMIA and offered two free tutorials at the AMIA annual meeting. Students should be willing to commit approximately 4-6 hours a week to successfully complete this certificate course.

Wanted *(continued)*

Public health professionals working at state or local public health agencies interested in Public Health Informatics are encouraged to apply for the CDC sponsored portion, Public Health AMIA 10x10 Program. Applicants need to submit a two-page essay, their resume, and a letter of recommendation. Students are required to pay the fees associated with the AMIA annual meeting and for required book(s). It is an open rolling application process.

For more information

- AMIA website
- CDC nomination form

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